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Substitute for form 1449/PTO	Complete if Known
	Application Number
INFORMATION DISCLOSU	Filing Date
	First Named Inventor Hearn
STATEMENT BY APPLICA	T Art Unit
(Use as many sheets as necessary)	Examiner Name
Sheet 1 of 1	Attorney Docket Number 02-022.23

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
		^{US-} 5,411,292		Collins et al.	Column 1-10
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
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Examiner	***	Date	
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